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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number 10/723,184

Filing Date 11/26/2003

First Named Inventor SHINOZAKI

Art Unit

Examiner Name

Attorney Docket Number 0072-TS45

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Declaration, Power of Attorney and Power to Inspect
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Confirmation No. 5717	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Vincent T. Pace Dann, Dorfman, Herrell and Skillman, P.C.
Signature	<i>Vincent T. Pace</i>
Date	03/25/2004

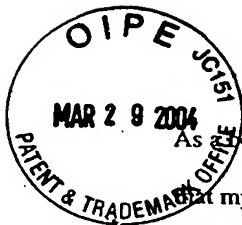
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DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

TS-45

As below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: **RECLINER****MEANS AND VEHICLE SEAT PROVIDED WITH THE RECLINER MEANS**

the specification of which [check one(s) applicable]

___ was filed _____ as PCT-International/U.S. Application No. _____
___ and was amended by Amendment filed _____ (if applicable); [or];
___ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by an amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

<u>Prior Foreign Application(s)</u>		<u>Filing Date</u>	<u>Priority Claimed</u>
<u>Application No.</u>	<u>Country</u>	<u>Day-Mo-Year</u>	<u>Yes - No</u>
2002-343646	Japan	27-11-2002	Yes

POWER OF ATTORNEY: As inventor, I hereby appoint the practitioners associated with Customer No. 000110 as my attorneys or agent with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Vincent T. Pace, Reg. No. 31,049, Patrick J. Hagan, Reg. No. 27,643, and Henry H. Skillman, Reg. No. 17,352

POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110

DIRECT INQUIRIES TO: Vincent T. Pace Tel: 215-563-4100/Fax: 215-563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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First Middle Last

Signature _____

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Citizenship _____

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